Meeting of the North Carolina Child Fatality Task Force

January 11, 2021





Roll Call Attendance & Approval of Minutes

Minutes from last meeting on 11-16-2020 have been posted on the CFTF website, the link has been sent out and is also linked to on your agenda:

https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Meeting%20Documents/202 0-2021/CFTF%20minutes%2011-16-2020%20unapproved.pdf Perinatal Health Committee Recommendations to Strengthen the NC Child Fatality Prevention System (2019 & 2020 carry-over item)

Kella Hatcher, JD

Executive Director

NC Child Fatality Task Force

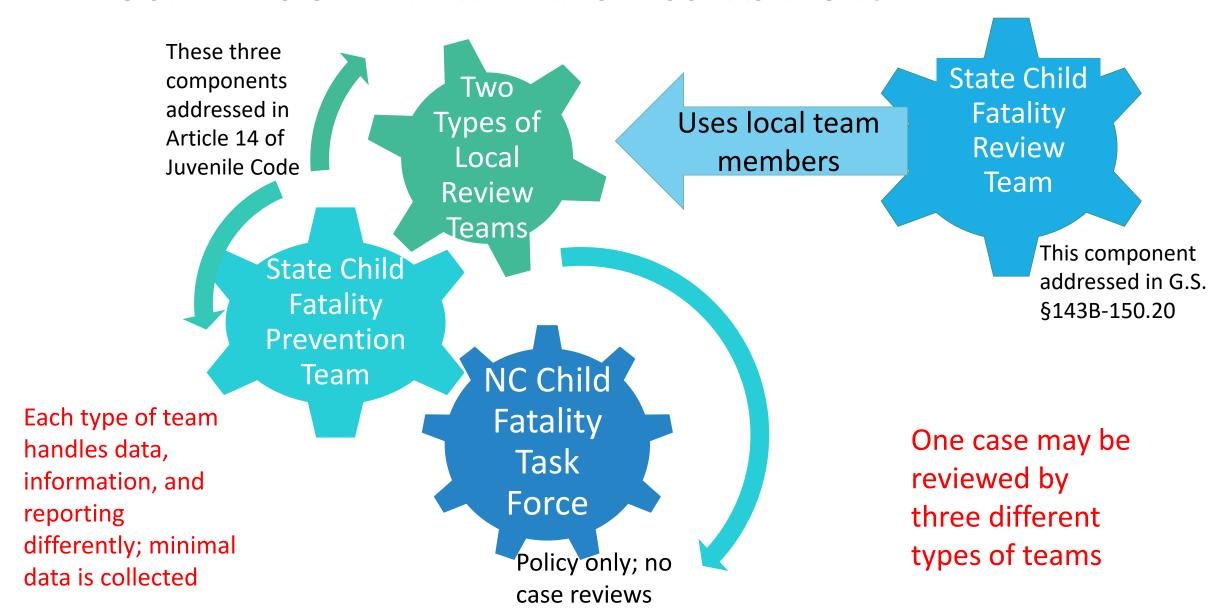
Charge of State Child Fatality Prevention System [via Article 14 of NC Juvenile Code]

- ➤ Develop a communitywide approach to child abuse and neglect;
- >Study and understand causes of childhood death;
- ➤ Identify gaps in service delivery in systems designed to prevent abuse, neglect, and death; and
- Make and implement recommendations for laws, rules, and policies that will support the safe and healthy development of our children and prevent future child abuse, neglect, and death.

Journey of CFP Strengthening Work

- ➤ Initial 2017 discussions led to two-day Child Fatality Prevention System Summit April 2018: gathering of over 200 people
- ➤ Post-Summit work involved research on other states' CFP systems, consultation with national experts, stakeholder discussions
- ➤ CFTF recommendations addressing CFP System strengthening adopted in the Child Welfare Reform Plan from the Center for Support of Families
- ➤ CFTF recommendations were addressed in 2019 Appropriations Act which did not become law (HB 825 was included in HB 966)
- ➤ NCDHHS has continued work to move recommendations forward because they are aligned with DHHS priorities and were part of Child Welfare Reform Plan; this work has included convening of stakeholder group by NCIOM

MAIN COMPONENTS OF CURRENT NC CFP SYSTEM: FOUR TYPES OF REVIEW TEAMS PLUS TASK FORCE

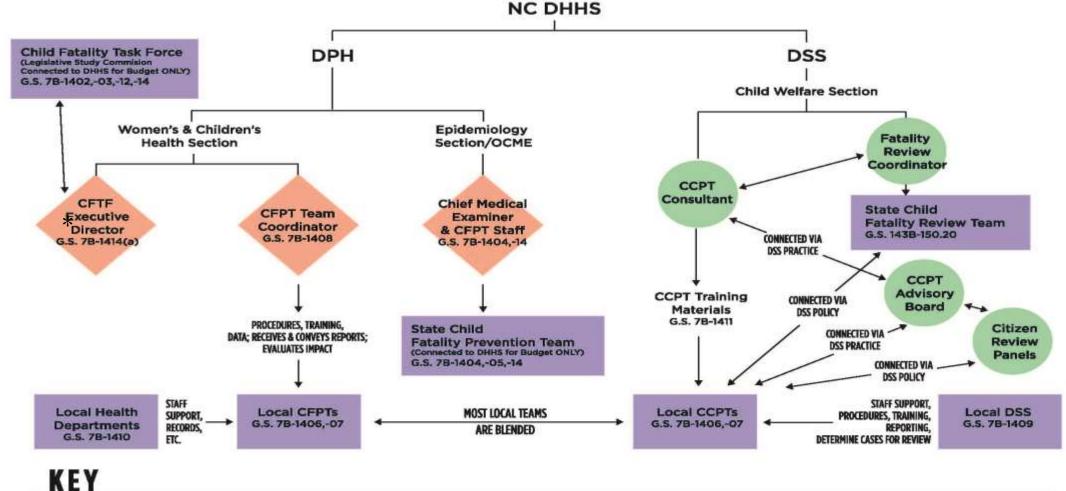


NC CHILD FATALITY PREVENTION SYSTEM STRUCTURE

Explanation of Agency Connections & Responsibilities

(See separate Flow of Information Chart for System Process.)





*This graphic was created in 2018 and this ED position is now at DHHS

SYSTEM COMPONENTS
UNDER STATUTE

RELATED ORGANIZATION
OR INDIVIDUALS; NOT IN STATUTE

SYSTEM STAFF UNDER STATUTE

DHHS Department of Health and Human Services

Division of Public Health

DPH

DSS

Division of Social Services

Child Fatality Prevention Team

CCPT

Community Child Protection Team Child Fatality Task Force

NC CHILD FATALITY PREVENTION SYSTEM PROCESS

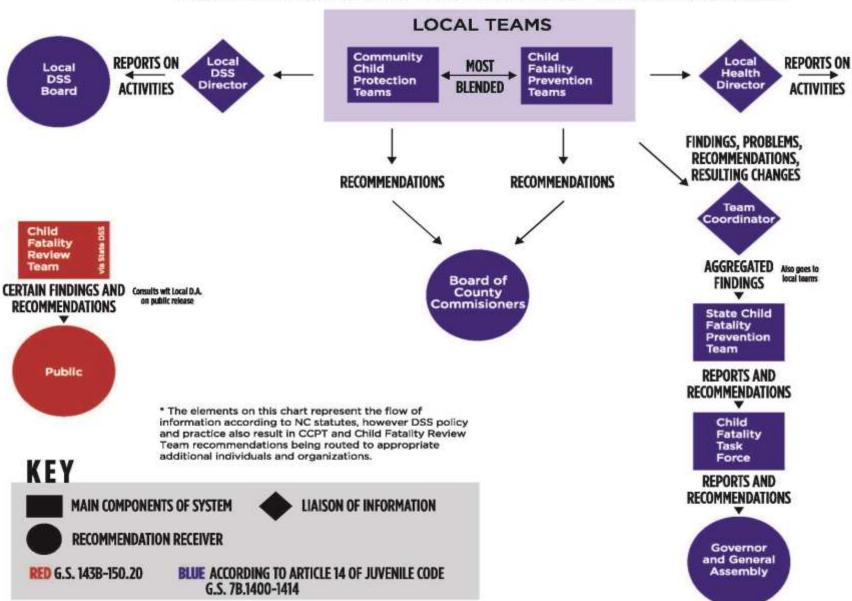
Flow of information regarding findings, recommendations, or reports according to NC Statutes*.

(See separate Child Prevention System Structure Chart for explanation of agency connections and responsibilities.)

Local

Health

Board



Current System Process

SUMMARY OF CFP SYSTEM RECOMMENDATIONS (ALSO MADE IN 2019 & 2020)

- I. Implement centralized state-level staff with whole-system support in one location; OCME child fatality staff remains in OCME; form new Fatality Review and Data Group to be information liaison.

 IV. Reduce the number and types of teams performing fatality reviews by combining the functions of the four current types of teams with different procedures and required particles.
- II. Implement a centralized electronic data and information system that includes North Carolina participating in the National Child Death Review Case Reporting System.
- III. Reduce the volume of team reviews by changing the types of deaths required to be reviewed by fatality review teams to be according to certain categories most likely to yield prevention opportunities. [undetermined, unintentional injury, violence, motor vehicle, child abuse or neglect/CPS involvement, SUID, suicide, deaths not expected in next six months, additional infant deaths]
- performing fatality reviews by combining the functions of the four current types of teams into one with different procedures and required participants for different types of reviews and giving teams the option to choose whether to be single or multi-county teams. DHHS should study and determine an effective framework for meeting federal requirements for Citizen Review Panels and for reviewing active DSS cases.
- V. Formalize the 3 CFTF Committees with certain required members; expand CFTF reports to address whole CFP System and to be distributed to additional state leaders.

Funding: maintain current CFP funding and appropriate additional funds pursuant to DHHS determinations related to state office, local teams, and FIMR pilot

New Model Strengthens Team Reviews, Data, State-level Support, Reporting

Local Review Teams

Counties choose to be single or multi-county teams

One team for all types of reviews, but different procedures, required participants, and degree of state-level assistance for different types of reviews (e.g. abuse/neglect or infants).

Review info goes into national data system

Makes local reports (e.g. to County Commissioners) which also go to State CFP Office

State Office of Child Fatality Prevention

Whole-system coordination & technical support for local teams

Centralized Information System including use of national data system

Fatality Review & Data Group looks at aggregate local team info & OCME info to be liaison of info going to Task Force State Office Staff report on whole system functioning

Aggregate information & recs from local teams is reported

NC Child Fatality Task Force

Studies data from local teams & other sources

Makes policy recommendations & reports on whole CFP system to General Assembly, Governor, other state leaders

7-Day Internal
Reviews by State DSS

Citizen Review Panels: Evaluates CPS functioning

Local teams consist of community leaders; teams are rich in expertise & ripe for collaboration needed to strengthen health and safety in their communities.

- Local Social Services
- Local Health Department
- Law Enforcement
- District Attorney
- Local Community **Action Agency**
- Local School Superintendent
- County Board of Social
 Parent of child who Services
- Mental Health

- Guardian ad Litem
- Health Care Provider
- Emergency medical or firefighter
- District Court Judge
- County Medical Examiner
- Local childcare facility or Head Start
- died

Ultimate Goal: Prevent Child Deaths & Maltreatment; **Support Child** Safety & Wellbeing

- OPTIMIZE LOCAL TEAM EFFORTS: CFP State Office structure, and eliminating duplication supports local teams to optimize work and facilitate local prevention efforts to save lives at a time when the demands on team members in their communities may be greater than ever.
- DATA TO UNDERSTAND TRENDS: A sophisticated data system that
 collects richer layers of data makes reviews more valuable and easier for
 understanding and reacting to what's happening at the state and local
 level at a time when society is experiencing new and major changes.
- ADDRESSING INFANT MORTALITY: System strengthening involves more best practice attention to infant deaths at a time when North Carolina's infant mortality rate has been among the worst dozen in the nation, disparities persist, and infant deaths make up two-thirds of all child deaths.
- ENSURING USE OF INFORMATION LEARNED: Ensuring that information/recommendations from reviews reaches appropriate agencies and leaders is critical to making reviews effective.
- MORE STATE-LEVEL PREVENTION WORK: CFP State Office provides a structure for facilitating or implementing various prevention initiatives, including efforts to seek grant opportunities.





Child Fatality Prevention System

Walker Wilson
Assistant Secretary of Policy

Karen Wade Policy Advisor

NC Department of Health and Human Services

January 11, 2021

Overview of Process

- NCDHHS leadership established workgroup to discuss goals and structure of a new office.
 - Identifying the type of team needed in the office to implement this important work.
- Extensive interviews with other states and national subject matter experts on best practices.
- NCIOM convened multiple meetings with stakeholders across the state. The group's input is helping inform:
 - How to reduce the number and types of teams
 - The types of deaths required to be reviewed
 - Connecting to the national data system

Work Underway

- Identifying the types of positions needed for a centralized state office.
 - Staff to provide training and technical assistance to county teams and identifying statewide trends.
- Determining what steps are needed to join the National Child Death Review Case Reporting System and the 45 other states who are already participating.
- Designing a separate system for Citizen Review Panels.
 - Focused on examining the policies, procedures and practices of state and local child protection agencies.
- Reviewing recommendations for the categories of death be required for review by the local teams:
 - Undetermined causes, unintentional injury, violence, motor vehicle incidents, child abuse or neglect/child protective services involvement, sudden infant death, suicide and deaths not expected in the next six months.

Discussion and determination addressing Child Fatality Prevention System strengthening recommendations for 2021

[The following is an abbreviated version of the recommendations; expanded version on agenda]

- 1. Support legislation, agency action, and policy change to implement the following changes to the Child Fatality Prevention System (CFP System):
 - I. Implement centralized state-level office to support the statewide system
 - II. Implement a centralized electronic data and information system and join the national child death review case reporting case system
 - III. Reduce the volume of team reviews by changing the types of deaths required to be reviewed by fatality review teams to be according to certain categories most likely to yield prevention opportunities
 - IV. Reduce the number and types of teams performing fatality reviews by combining the functions of the four current types of teams into one local or multi-county team
 - V. Formalize the functioning of the Child Fatality Task Force (CFTF) and expand reporting of the Task Force
- 2. Support for maintaining current state funding for existing positions and operations that support Child Fatality Prevention System work, and for additional recurring funding to support this work pursuant to DHHS determinations to be made related to the most appropriate placement and staffing configuration for this central office as well as funding needs of local health departments to support CFP system work.
- 3. Pursuant to DHHS determinations to be made related to launching a Fetal and Infant Mortality Review Program to inform state-level action related to the prevention of child deaths, *support* funding to enable implementation of the evidence-informed practice of FIMR as a pilot.

Recommendations to prevent youth suicide and firearm-related deaths and injuries to children [Intentional & Unintentional Committees]

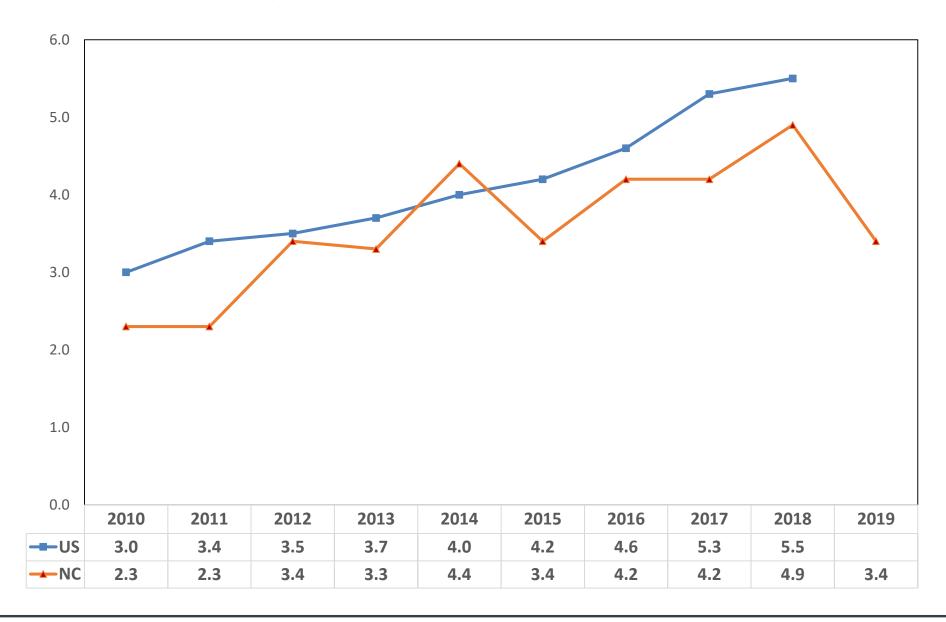
- 1. Support state funding for a new statewide firearm safety initiative, as recommended by the 2017 Firearm Safety Stakeholder group, that is focused on education and awareness surrounding firearm safe storage and distribution of free gun locks; funding to go to DHHS to appropriately engage a third-party organization to implement the initiative. (Two-year funding estimate is for \$155,700: \$86,500 for year one; \$69,200 for year two.) [Unintentional Death Prevention Committee]
- 2. Appropriate recurring funding to increase the number of school social workers, school nurses, school counselors, and school psychologists to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools. [Intentional Death Prevention Committee]
- 3. Administrative support to explore and pursue possibilities for funding for a three-year lead suicide prevention coordinator position in North Carolina that would coordinate crossagency efforts to carry out implementation of the 2015 NC Suicide Prevention Strategic Plan and determine a sustainability plan for ongoing statewide coordination for implementation of the Strategic Plan. [Intentional Death Prevention Committee]
- 4. Administrative support to follow implementation of new provisions in the NC Board of Education School Mental Health Policy that relate to strengthened school/community connections to address student mental health; information on implementation to be studied by the Intentional Death Prevention Committee prior to the 2022 legislative session. [Intentional Death Prevention Committee]

Some underlying facts . . .

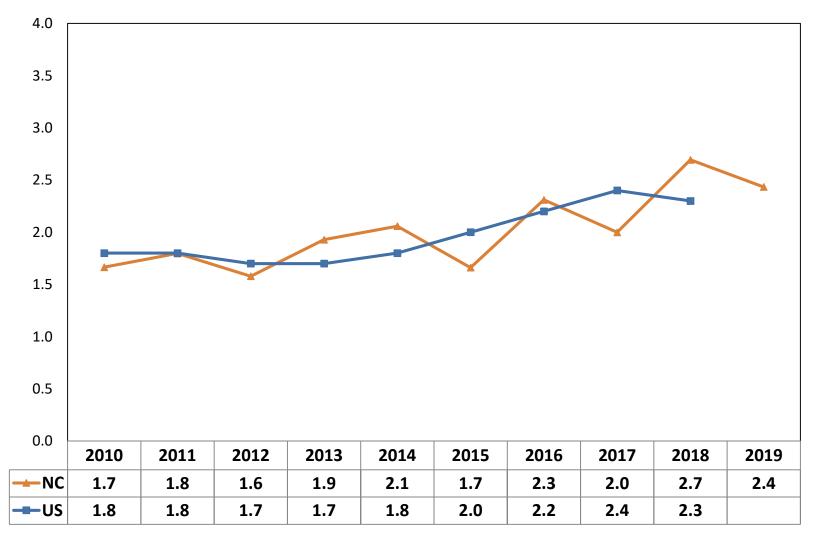
- In 2018, 52 North Carolina youth ages 10 17 died by suicide and in 2019 that number was 36.
- In 2018, the youth suicide rates and firearm-related death rates for children and youth were the highest seen by the Child Fatality Task Force.
- In 2018, suicide was the leading cause of death for North Carolina youth ages 15 to 17 and the second leading cause of death for youth ages 10 to 14; In 2019 suicide was the third leading cause of death for age 15 to 17 and the second leading cause for age 10 to 14.
- Firearms are the lethal means used in nearly half of youth suicide in North Carolina and more than half of youth homicides.
- In 2018 there were 62 firearm-related deaths to North Carolina children and youth (age 17 and younger), and in 2019 there were 55 deaths. Most were homicides and suicides.
- In the ten-year period of 2009 to 2018, North Carolina lost more than 440 children and youth (age 17 and younger) to firearm-related injuries.
- In a given year in NC there are four to five times as many firearm-related emergency department visits and hospitalizations (combined) for children and youth as there are deaths.

Data sources: NC State Center for Health Statistics, DPH; Injury and Violence Prevention Branch, DPH; Office of the Chief Medical Examiner, DPH.

Suicide Rates, Ages 10 to 17: NC 2000-2019



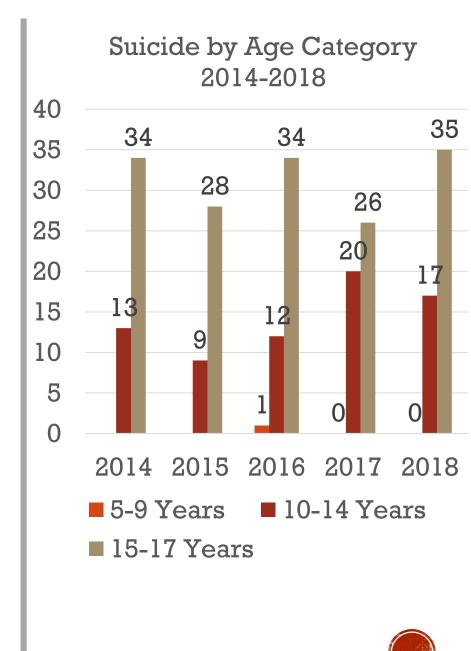
Firearm-related Mortality Rates*, Children Ages 0 to 17: NC & US, 2010-2019

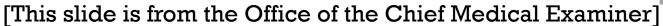


^{*} Firearm deaths included the following ICD-codes: Unintentional W32-W34; Suicide X72-X74, Homicide X93-X95, U014, Undetermined Y22-Y24

2018 Suicide by Means

Firearm Suicides by age			
	5-9	10-14	15-17
	Yrs	Yrs	Yrs
2005	0	3	14
2006	0	3	8
2007	0	0	10
2008	0	2	9
2009	0	2	17
2010	0	0	9
2011	0	3	7
2012	0	4	7
2013	0	6	13
2014	0	4	19
2015	0	5	11
2016	0	6	14
2017	0	10	8
2018	0	7	18





recommendations related to suicide prevention & firearm safety that have seen advancement or response

- Long-time ID/CFTF recommendation to require suicide prevention training and a risk referral protocol in schools finally became law in 2020 (S.L. 2020-7)
- ID Committee work resulted in CFTF recommendation to expand Counseling on Access to Lethal Means (CALM) training in North Carolina. The 2018 and 2019 legislative sessions both appropriated funds for school safety grants and CALM was one of several trainings designated as being suitable for these grants.
- Recommendation to fund more school nurses (who spend a third of their time on student mental health) as suicide prevention strategy:
 - some nonrecurring funding in 2018
 - · some recurring funding in 2019
 - some temporary funding in 2020 (funding for nurses was combined with funding for other school support personnel – counselors, social workers, psychologist)
- HB 508, introduced on 3/27/19, had bipartisan support and would have launched and funded this statewide firearm safe storage initiative being considered today; it was included in the 2019 budget bill, HB 966, but did not become law.
- On August 12th, 2019, Governor Cooper signed a gun safety Executive Directive, and among the actions to be taken was one that ordered DHHS to "develop a public education campaign that educates firearm owners and prospective owners on the importance of safe firearm storage."

Highlights of recent presentations to **ID Committee** related to student mental health & suicide prevention

- State Child Fatality Prevention Team again recommends increase of school nurses, social workers, psychologists, counselors to meet national recommended ratios; recommendation prompted by need for greater mental health supports for students
- DPI presented data showing NC is far from meeting recommended ratios for school counselors, social workers, nurses, psychologists
- DPI presented data on worsening mental health of students *prior* to the pandemic, including increase in suicidal behaviors, impact of COVID-19 on student well being
- DMH presented data on pandemic impacts showing worsening mental health and substance use (generally, not specific to children)
- Information was shared about the NC Board of Education School Mental Health Policy which includes provision addressing strengthened school/community mental health supports for students
- DPH presented information on new grant work related to suicide prevention

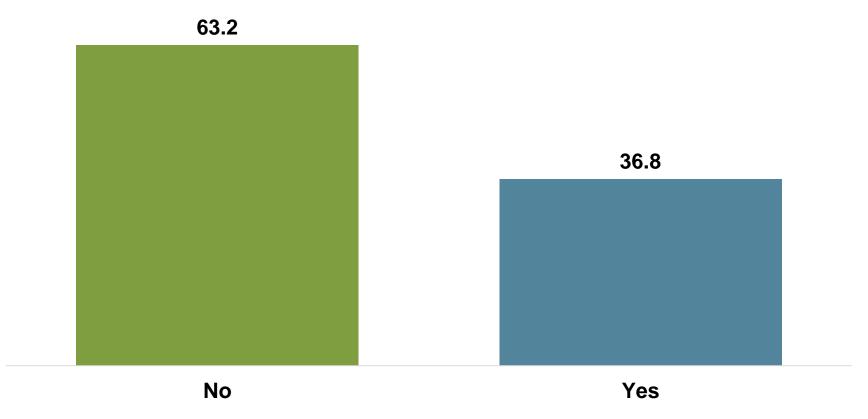
ID Committee recommendations related to suicide prevention are aimed at:

- Getting more school social workers, school nurses, school counselors, and school psychologists into schools to strengthen supports for students be able to PREVENT them from having a crisis resulting in suicide or attempted suicide
- Prioritizing suicide prevention efforts in North Carolina by having a lead suicide prevention coordinator that would lead efforts to bring together experts and organizations from across the state who are working in suicide prevention to collaborate on implementation of strategies in the statewide suicide prevention plan
- Following current efforts underway via the NC Board of Education School Mental Health Policy related to strengthened school/community connections to address student mental health. [This includes policy provisions related to:
 - public school units (PSUs) offering to enter into MOUs with the LME/MCOs and/or local mental health and substance use providers;
 - inclusion in PSU mental health plans of strategies to improve access to community-based services; and
 - efforts by PSUs to engage relevant stakeholders to support coordinated mental and social-emotional health and substance use supports and services for students.]

Recent presentations to UD
Committee related to firearm safety

- State Child Fatality Prevention Team once again recommends strengthening efforts on firearm safety education and awareness and training on reducing access to lethal means
- Data on firearm-related deaths and injuries to children and data related to safe storage of firearms (from OCME and IVP of DPH)
- New grant-related work on firearm safety taking place in the Injury and Violence Prevention Branch of DPH
- Information from academic expert on studies, best practices, and initiatives related to firearm safety

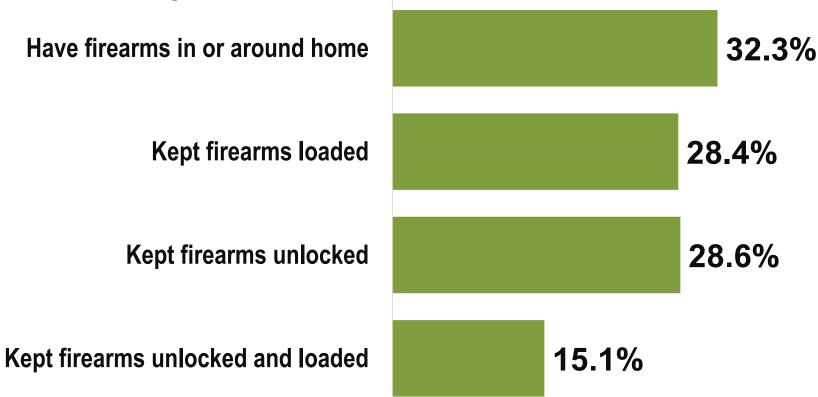
Percent of NC parents who use a gun or chamber lock, NC CHAMP (ages 0-17), 2013-2014



Source: NC Child Health Assessment and Monitoring Program (NC CHAMP), 2013-2014 Analysis by Injury Epidemiology and Surveillance Unit

Gun Safety, NC CHAMP (ages 0-17), 2016-2017

Percent of parents who:



Source: NC Child Health Assessment and Monitoring Program (NC CHAMP), 2016-2017 Analysis by Injury Epidemiology and Surveillance Unit.

Note: A correction was made to the CHAMPS data for 2016-17 regarding the percent of parents who kept firearms unlocked and loaded; the percent was previously stated as 67.2 but the updated number is 15.1.

How does safe storage relate to suicide?

- Access to firearms is a known risk factor for suicide.
- Many suicide attempts are hastily decided upon during a short-term crisis, with only minutes of deliberation prior to an attempt.
- Firearms have a fatality rate of over 82%, which is much higher than other common methods of suicide.
- Firearms used in youth suicide usually belong to a parent.

How does safe firearm storage relate to school safety?

- April 2018 Wall Street Journal report: examined nearly three decades of American mass school shootings finding that the killers in these shootings mostly used guns owned by family.
- 2004 federal government report: 68% of school shootings were by shooters acquiring gun from own home or home of relatives.

Recommendation:

Support state funding for a new statewide firearm safety initiative, as recommended by the 2017 Firearm Safety Stakeholder group, that is focused on education and awareness surrounding firearm safe storage and distribution of free gun locks

A critical component of the firearm safety initiative is to have dedicated state-level outreach and technical assistance to help communities launch local initiatives that are tailored to their community's needs.

Initiatives don't just happen because they can; they happen because SOMEONE MAKES THEM HAPPEN

COMMUNITY GUN SAFETY: THE VALUE OF BUILDING LOCAL TEAMS

Lindsay Bailey, MPH
UNC Trauma Program Injury Prevention Coordinator
Safe Kids Orange County & Chatham County Coordinator
Orange County Gun Safety Team Lead



PRESENTATION GOALS

Child Fatality Task Force & Listeners will:

- Understand WHY UNC Trauma and partners started the Orange County Gun Safety Team (OCGST)
- Know HOW data supports increased need for gun safety education during pandemic
- 3. Understand HOW OCGST was able to get off the ground
- 4. Understand the benefits a local gun safety teams/coalition can bring to their communities



WHY CREATE A COMMUNITY GUN SAFETY TEAM





MISSION

Maintain UNC Level1 Adult and Pediatric Trauma Verification to ensure trauma care

To establish a negative risk trauma-related death or ten years (MidCarolinas)



outcomes for our region in

PREVENTION GOAL

Manage the public health problem of injury through prevention intervention and strategies

CLINICAL GOALS

Reduce the degree and



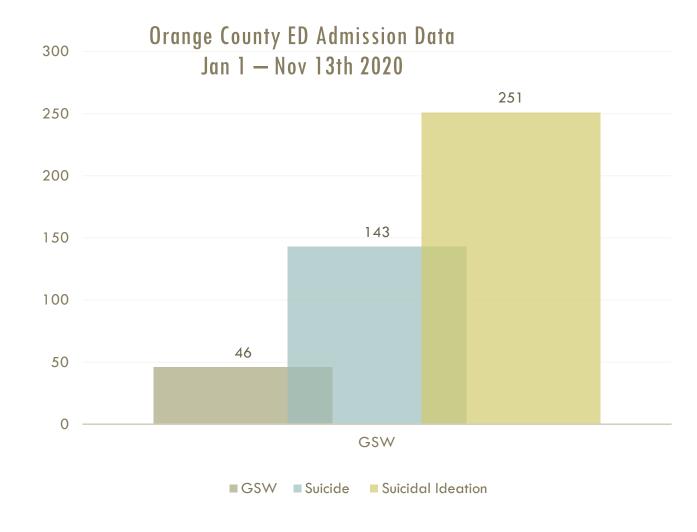


WHY - DATA DRIVEN

Gun Shot Wounds (GSW) are a top reason for Trauma-related admissions at UNC

Gun Violence is Public Health Crises that IS Preventable

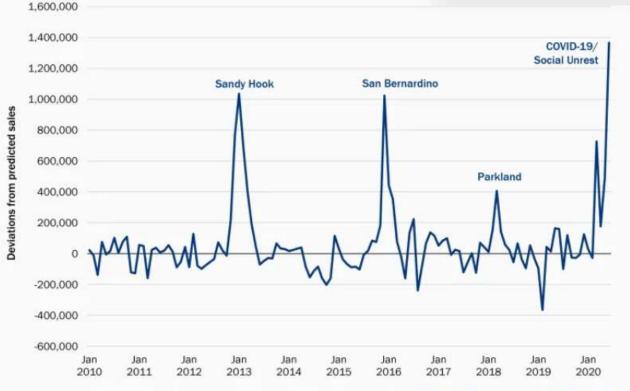
Health Equity Issue (66% of Adult and 68% of Pediatric GSW Patients at UNC Trauma are Black



COVID-19 & THE GUN RUSH

"We find that short-term surges in firearm purchasing associated with the coronavirus pandemic are associated with significant increases in interpersonal firearm violence," the researchers note. "Our findings are consistent with an extensive literature that documents a link between firearm access and greater risk of firearm violence."

Monthly Firearm Sales, 2010 to 2020



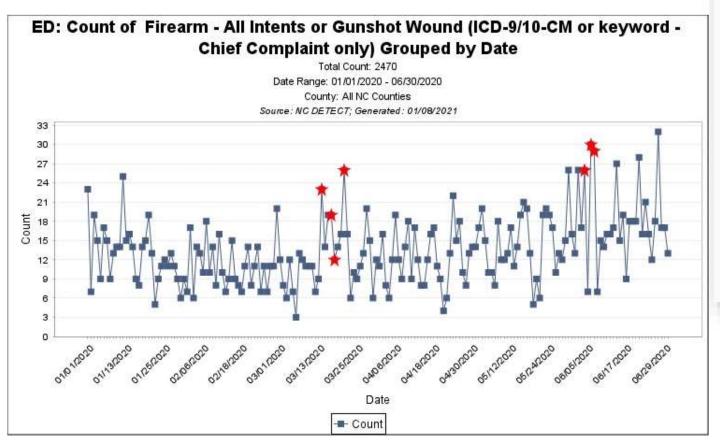
Source: Authors' calculations based on data from the NICS database on background checks conducted.

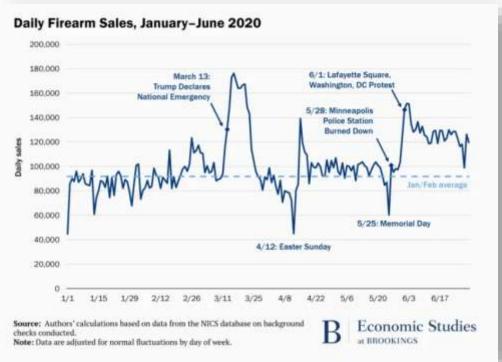
Note: Predicted sales adjust for trends over time and seasonal variation.



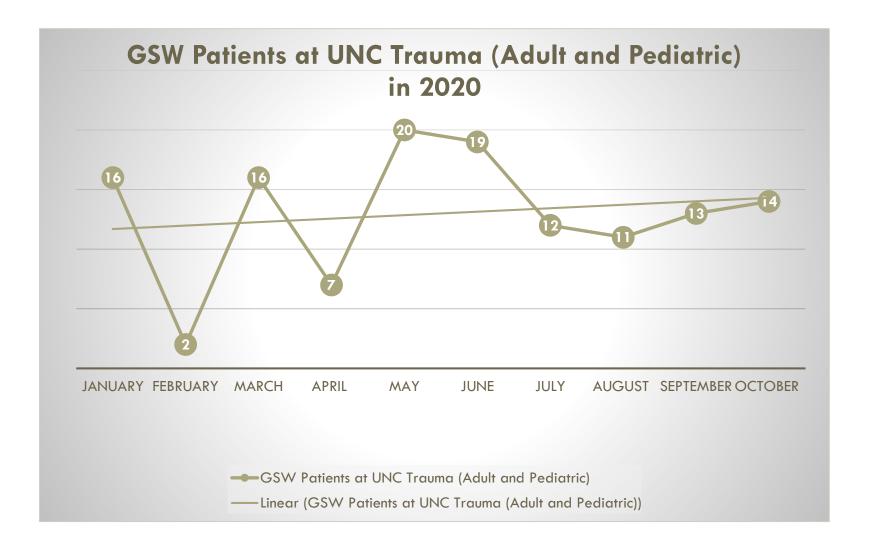


Emergency Department Visits in NC All Intents of Gunshot Wound Trend Line v. Daily Firearm Sales and Instances of Social Unrest During Jan — June of 2020





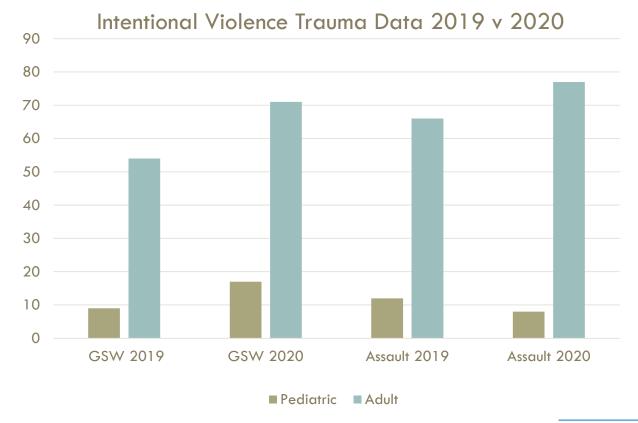






LOCAL DATA — 2019 V. 2020

- Multiple pediatric drive-by victims
- Fatality due to accidental discharge of unsecured firearm by two year old





WHY & HOW — OFFERED SUPPORT BY AN EXPERIENCED TEAM



- Opportunity to pilot the guide, which was based on an already successful model (The Durham Gun Safety Team)
- Step by Step Instructions on How to Start a Gun Safety Team in YOUR
 Community
 - How to Tailor to Your Community
 - How to Create a Mission & Vision Statement
 - How to Determine Team Logistics
 - Ideas for Community Outreach
- Provides Templates and Resources for Implementation
 - Sample Meeting Agendas
 - Sample Gun Safety Day Proclamation
 - Evaluation Tool



OCGST — WHO WE ARE & WHAT WE DO



Educate the community (and ourselves) on NC Safe Gun Storage Laws, Safe Gun Storage and the link between firearms and suicide

Meet quarterly to reduce silos and create links to accomplish shared vision of reduce gun violence in our community

OCGST

Members include local Law Enforcement, Health Department, EMS, DSS and School System Provide cable gun locks and safe storage resources and guides to community members at events, online, and at our agencies whenever possible



WHAT WE HAVE BEEN ABLE TO ACCOMPLISH TOGETHER

Education & Supplies

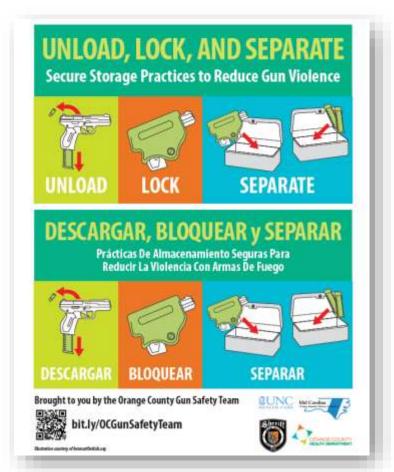
- Over 2,500 cable gun locks and educational handouts distributed at community events over the last two years at events including Suicide Walks, Covid-19 Relief Food Pantry Drive-through, Holiday Toy Drive w/DSS
- Supplies law enforcement, Health Dept. Family Visiting Services, Fire Service, UNC Children's Hospital, and other community agencies with cable-gun locks to have on hand when working with community members/patients

Digital Content and Online Outreach

- Gun Safety Resources Available on tarheeltrauma.org
- Podcast Episode w/NC Wildlife (68 unique listeners)
- PSA Series for National ASKing Saves Lives Campaign (over 1,000 impressions on social media)

Professional Development

- Provided gun safety education and tools to over 100
 Public Health Nurses statewide
- Provide our members with training and tools to increase knowledge and comfort for providing education to community





TAKING IT TO THE NEXT LEVEL



More funding for

provide effective interventions and

programs and evaluation

G y =

NATION

Grace Hauck, Nicquel Terry Ellis, Max Filby

Published 1:41 p.m. ET Feb. 9, 2020 | U dated 10:44 a.m. ET Feb. 10, 2020

Science Daily

Congress approved \$25M in funding for gun safety research. Now what?

Children who participate in gun safety programs often ignore what they learned when encountering a real firearm, according to a Rutgers School of Nursing study.

Increased effort for program

QUESTIONS...?

Lindsay Bailey

UNC Trauma Injury Prevention Coordinator

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North Carolina Students: Meeting Mental Health Needs



WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD





Priority Health-Risk Behaviors and Health Outcomes Monitored by YRBS

- Behaviors that contribute to the leading causes of mortality and morbidity
 - Unintentional injuries and violence
 - Sexual behaviors
 - Alcohol and other drug use
 - Tobacco use
 - Unhealthy dietary behaviors
 - Inadequate physical activity
- Obesity
- Other priority health issues

"Student voice is the road to change."

- Dr. Russell J. Quaglia



Mental Health





Percentage of High School Students Who Strongly Agree or Agree That They Feel Good About Themselves



^{*}Decreased 2007-2019, increased 2007-2011, decreased 2011-2019 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).] This graph contains weighted results.



Percentage of High School Students Who Agree or Strongly Agree That They Feel Alone in Their Life



^{*}Increased 2007-2019, decreased 2007-2011, increased 2011-2019 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).] This graph contains weighted results.



Percentage of High School Students Who Felt Sad or Hopeless



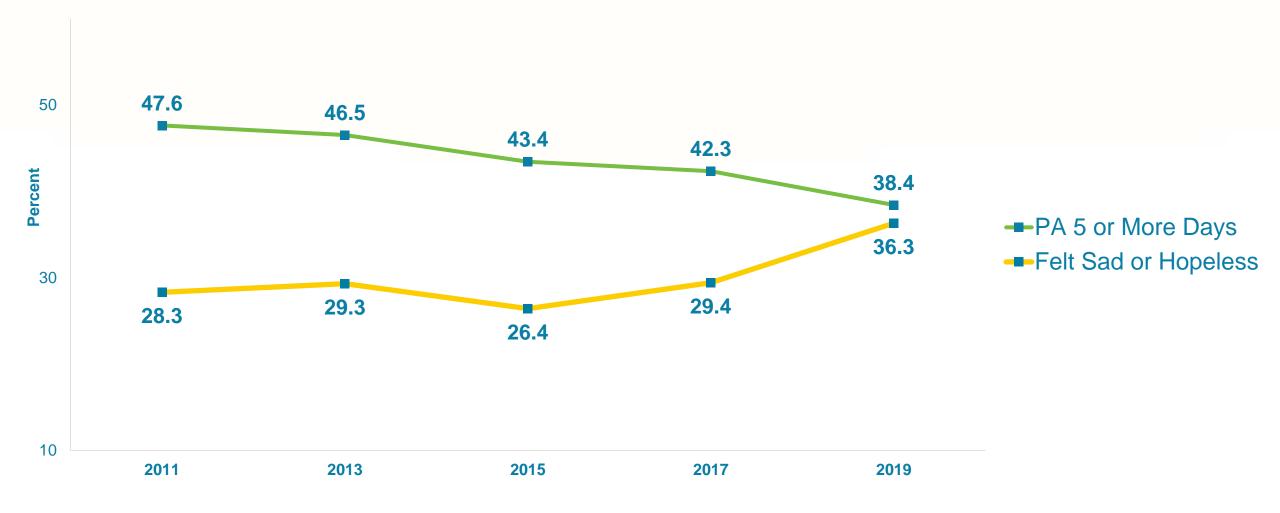
^{*}Almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey

†Increased 2001-2019, no change 2001-2015, increased 2015-2019 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

This graph contains weighted results.

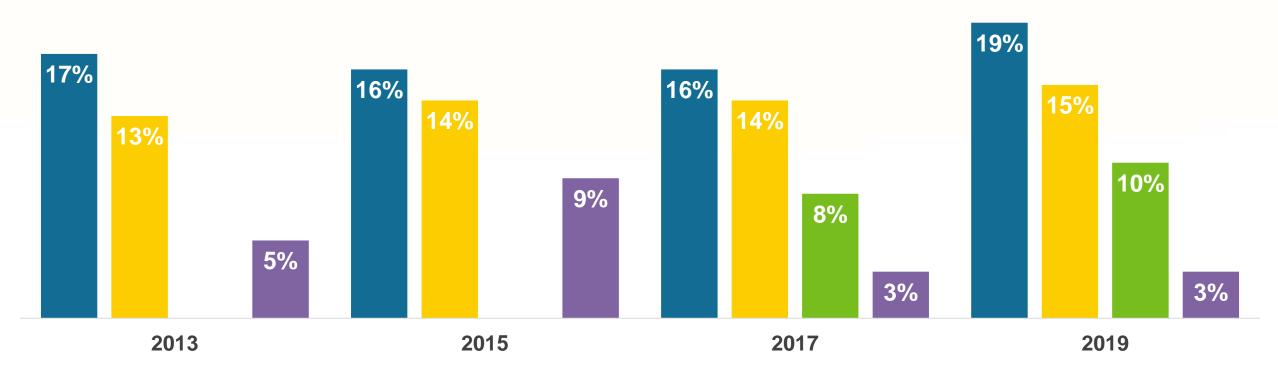


Percentage of High School Students Who Were Physically Active at Least 60 Minutes Per Day on 5 or More Days vs. Feeling Sad or Hopeless





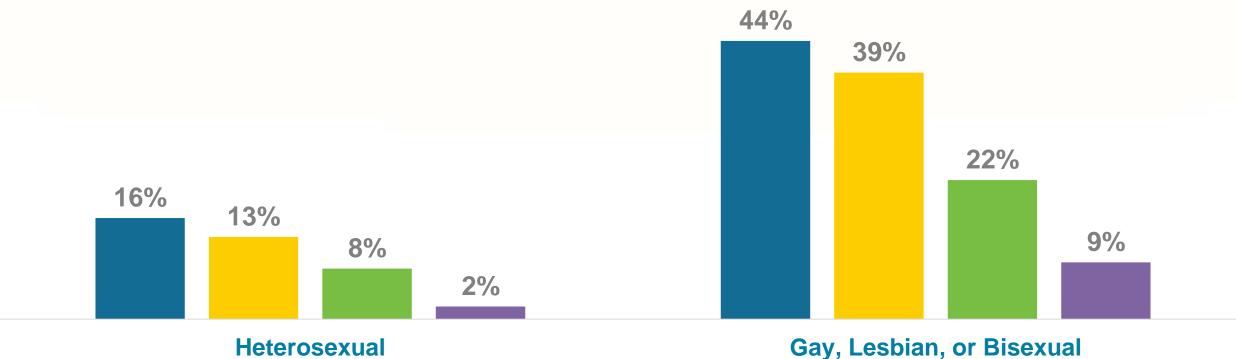
Suicidal Behaviors 2013-2019 NC High School Students



- Seriously Considered Attempting Suicide During Past 12 Months
- Made a Plan for Suicide Attempt During Past 12 Months
- Attempted Suicide (Question not asked in 2013 or 2015)
- Made a Suicide Attempt During the Past 12 Months That Resulted in an Injury Needing Treatment by a Medical Professional



Suicidal Behaviors 2019 NC High School Students



- Heterosexual
- Seriously Considered Attempting Suicide During Past 12 Months
- Made a Plan for Suicide Attempt During Past 12 Months
- Attempted Suicide During the Past 12 Months
- Made a Suicide Attempt During the Past 12 Months That Resulted in an Injury Needing Treatment by a Medical Professional

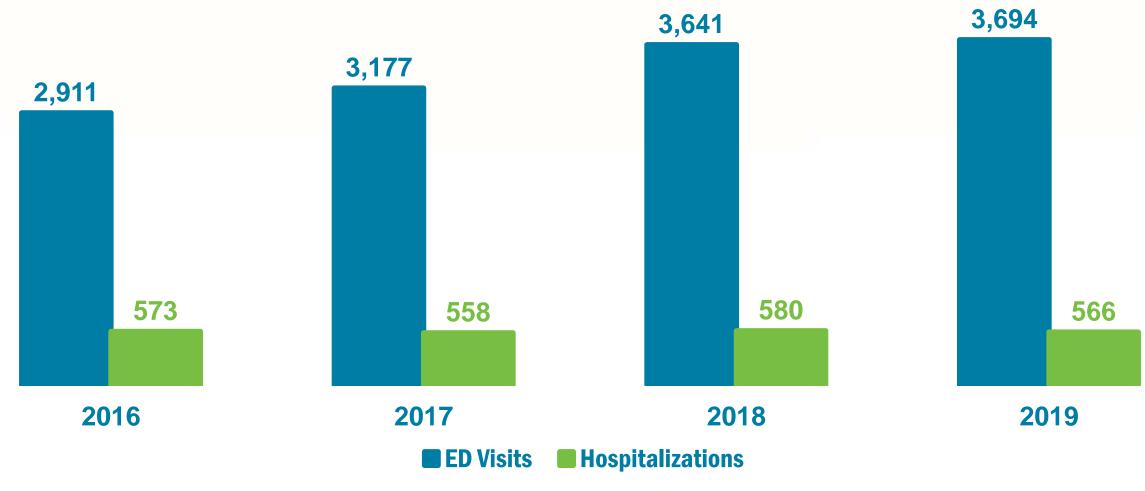


Seriously Considered Suicide 2009-2019 NC High School Students





Self-Harm/Self-Inflicted Injury Related Hospitalizations and Emergency Department Visits, NC Residents Ages 10-18



Source: NC DETECT Emergency Department Visit and State Center of Health Statistics Hospital Discharge Data, 2016-2019 Analysis by the Injury Epidemiology, Surveillance and Informatics Unit



Impacts to Student Health Going Forward





ADVERSE CHILDHOOD EXPERIENCES - ACES

ACEs are potentially traumatic events that occur in a child's life.



Physical Abuse



Emotional Abuse



Sexual Abuse



Domestic Violence



Parental Substance Abuse



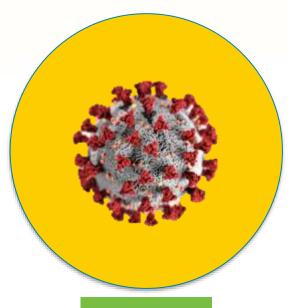
Mental Illness



Suicide or Death



Crime or Imprisoned Family



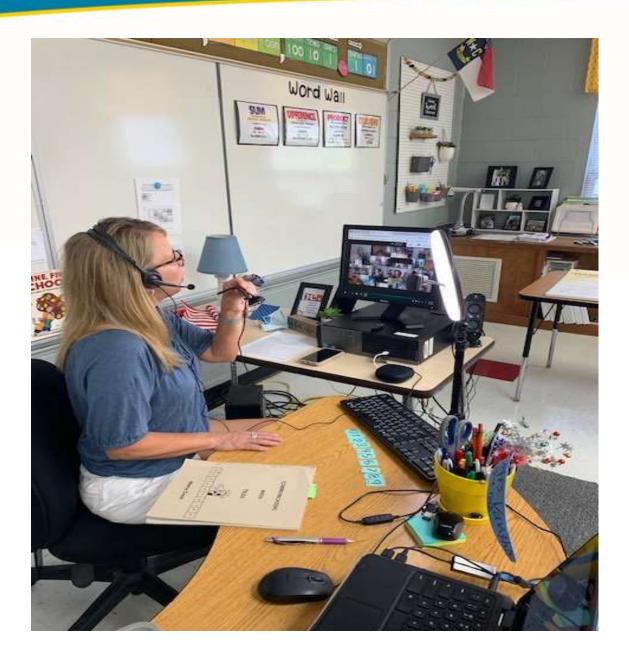
COVID-19



Mental Health Support







26% of NC school social workers reported mental health as the 2nd biggest challenge this school year

- Providing tele-mental health services
- Increased the number of student check-ins & universal screenings
- Utilizing community mental health supports
 - Hope 4 NC crisis counselors
- Increased education on identifying early warning signs of distress
- NCDPI SEL/Crisis Response



Specialized Instructional Support Ratios

• School Counselors 1:353

• School Nurses 1:1,007

• School Social Workers 1:1,289

School Psychologists 1:1,798

Recommended 1:250

Recommended 1:750 or 1 per school

Recommended 1:250

Recommended 1:550













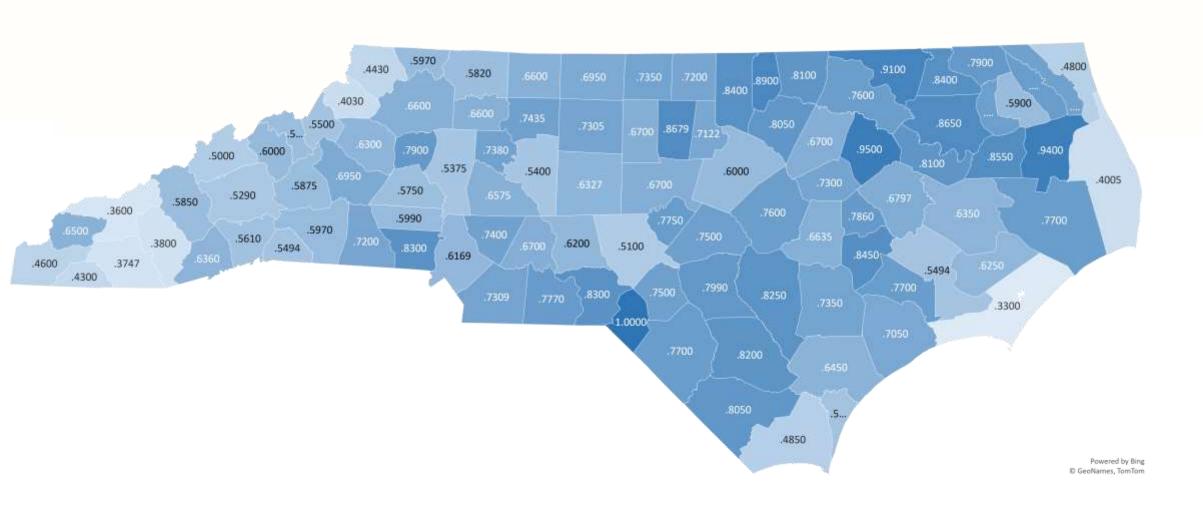
A Principal's Perspective



Matthew Bristow-Smith 2019 North Carolina Principal of the Year



2020-2021 NC County Tax Rates





Contact Information

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Discussion and determination of committee recommendations to prevent youth suicide and firearm deaths and injuries to children

- 1. Support state funding for a new statewide firearm safety initiative, as recommended by the 2017 Firearm Safety Stakeholder group, that is focused on education and awareness surrounding firearm safe storage and distribution of free gun locks; funding to go to DHHS to appropriately engage a third-party organization to implement the initiative. (Two-year funding estimate is for \$155,700: \$86,500 for year one; \$69,200 for year two.) [Unintentional Death Prevention Committee]
- 2. Appropriate recurring funding to increase the number of school social workers, school nurses, school counselors, and school psychologists to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools. [Intentional Death Prevention Committee]
- 3. Administrative support to explore and pursue possibilities for funding for a three-year lead suicide prevention coordinator position in North Carolina that would coordinate cross-agency efforts to carry out implementation of the 2015 NC Suicide Prevention Strategic Plan and determine a sustainability plan for ongoing statewide coordination for implementation of the Strategic Plan. [Intentional Death Prevention Committee]
- 4. Administrative support to follow implementation of new provisions in the NC Board of Education School Mental Health Policy that relate to strengthened school/community connections to address student mental health; information on implementation to be studied by the Intentional Death Prevention Committee prior to the 2022 legislative session. [Intentional Death Prevention Committee]

Intentional Death Prevention Committee recommendation to strengthen infant safe surrender law and recommendations to strengthen child abuse and neglect reporting education & awareness

Recommendations to strengthen infant safe surrender law

Background on CFTF & Safe Surrender

- In 2001 North Carolina passed S.L. 2001-291 known by many as the "Infant Safe Surrender" law, originally recommended and advanced by the CFTF
- Infant safe surrender or "safe haven" laws exist in every state and are designed to provide a safe alternative for a desperate parent of a newborn who may be tempted to engage in actions harmful to the infant.
- In recent years the Child Fatality Task Force, with input from experts in juvenile law, examined the Safe Surrender law and developed recommended changes to strengthen the law.
- The recommendations were addressed in 2019 in HB 799 which did not advance.
- This ID Committee paused this recommendation for 2020 with plans to reconsider prior to 2021 session.

CFTF recommendations from prior years and repeated again this year by the ID Committee

Support legislative changes to strengthen North Carolina's Infant Safe Surrender law to make it more likely the law will be used in circumstances for which it was intended to protect a newborn infant at risk of abandonment or harm by making legislative changes to accomplish the following:

- 1) remove "any adult" from those designated to accept a surrendered infant;
- 2) provide information to a surrendering parent;
- strengthen protection of a surrendering parent's identity;
- 4) incorporate steps to help ensure the law is only applied when criteria are met.

1. Remove "any adult" from those designated to accept a surrendered infant.

CURRENTLY: the law requires four categories of professionals to accept a safely surrendered infant and says also that "any adult" "may" accept a safely surrendered infant.

WHY CHANGE?

- "Any adult" cannot be trained about the requirements of the law
- "Any adult" cannot be expected to provide accurate information about the law to a surrendering parent.
- There are concerns about human trafficking and unlawful custody transfer when "any adult" may claim an infant was surrendered to him or her pursuant to the law.
- This kind of "any adult" category is not typical in other states.

2. Provide information to a surrendering parent.

CURRENTLY: no information is required to be provided to the surrendering parent.

WHY CHANGE?

- When possible, surrendering parents should be given accurate and consistent information regarding consequences, rights, options, and available services for help.
- Information should be developed by DHHS that can be downloaded and used by professionals designated as eligible to accept a surrendered infant.

3. Strengthen protection of surrendering parent's identity.

CURRENTLY: Even though a surrendering parent in North Carolina does not have to give his or her identity at the moment of surrender, current law requires the Division of Social Services to treat the case the same as any other abuse, neglect, or dependency case once they receive custody – this includes making immediate diligent efforts to identify and locate the surrendering parent for participation in all juvenile proceedings regarding the infant.

WHY CHANGE? Protections of a surrendering parent's identity are a critical aspect of safe surrender/safe haven laws in general, as a parent who believes that his or her identity has protections related to safe surrender may be more likely to use the law in circumstances for which it was intended— to protect a newborn infant at risk of abandonment or harm.

4. Incorporate steps to help ensure law is only applied when criteria are met

Safe surrender laws should be strengthened to ensure that safe surrender protections are only applied when criteria set out in law are met because the law provides protections for a surrendering parent with respect to immunity and identity.

WHY CHANGE? To ensure that the purpose of the law, protecting infants from harm, is carried out and that parents do not receive protections they are not entitled to and that would prevent them from being held responsible where the circumstances fall outside the scope of a safe surrender.

Additional Expertise & Stakeholder Input

 UNC School of Government juvenile law expertise was sought on the safe surrender issue; a potential legislative approach to these CFTF recommendations from the UNC School of Government and how it compared to HB 799 was presented to ID committee at its last meeting to seek committee reaction and input

[See: https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Intentional%20Death%20Prevention/2020-2021/presentations%20and%20handouts/Infant%20Safe%20Surrender%20draft%201%20by%20SD%2012-8-20%20(002).pdf]

The ID committee is repeating the prior recommendations that address areas of change to strengthen the law (it is not recommending specific legislative language); opportunities expected for further stakeholder input on legislative language

Recommendations to strengthen child abuse and neglect reporting education & awareness

State Child **Fatality** Prevention Team once again recommends focusing on **CAN** reporting Continued focus on statewide strategies for education on awareness of the NC mandatory reporting law; increased training to professionals on what and how to make a report; campaign or public service announcement on education and training for the public.

There continues to be a disconnect between the state's mandatory reporter law, the training and education provided to professionals, and the public to execute their responsibilities as a NC citizen.

Current and previous years' child death review trends include alleged abuse not being reported until death, lack of awareness from community members of their responsibility to report, and the expectations of the reporting process

ID Committee Work on CAN Reporting In 2019-20

Looked at current data on numbers of reports & reviewed current reporting law and process in NC

Examined & discussed the challenges in NC related to CAN reporting

Looked at what can be learned from other research, evaluations, and recommendations related to CAN reporting

Looked at what can be learned from other states

Identification and discussion of potential actions to address CAN reporting challenges in NC

Consideration of feasibility issues for potential actions

Development of 2020 recommendations for action with acknowledgment that other potential actions may be feasible in the future

Highlights of recent presentations to ID Committee related to CAN reporting

- NCDSS and Prevent Child Abuse NC reported progress made strengthening CAN reporting education and awareness since CFTF recs made in 2020; discussions about continuing to expand education efforts
- NCDSS presented data on CAN reporting decrease in numbers during some months of the pandemic and concerns about this decrease resulting from fewer adults with eyes on children
- NC DSS presented data showing that the top three types of professionals who make CAN reports in NC are: 1) law enforcement/court personnel; 2) medical personnel; 3) educational personnel

Recommendation: Legislation to require CAN reporting training for school personnel

Legislation that would add *child abuse and neglect reporting requirements* to the topic list for required mental health training for school personnel in <u>Session Law</u> 2020-7

The topic list of required training currently includes:

- Youth mental health
- Suicide prevention
- Substance abuse
- Sexual abuse prevention*
- Sex trafficking prevention*
- Teenage dating violence

[*Note: sexual abuse and human trafficking are subcategories of abuse in the NC Juvenile Code, so adding training on child abuse and neglect reporting may be seen as clarification or expansion of existing required topics of training rather than an entirely new topic]

Recommendation: Administrative efforts to continue strengthening education and awareness in CAN reporting

Administrative support for continued efforts to strengthen education and awareness surrounding child abuse and neglect reporting, including strengthening ongoing training for law enforcement that also supports an understanding of trauma and mental health; and training that is tailored for healthcare providers.

Discussion and determinations addressing recommendations to strengthen infant safe surrender law and child abuse and neglect reporting education & awareness

- 1. Support legislative changes to strengthen North Carolina's Infant Safe Surrender law to make it more likely the law will be used in circumstances for which it was intended to protect a newborn infant at risk of abandonment or harm by making legislative changes to accomplish the following: 1) remove "any adult" from those designated to accept a surrendered infant; 2) provide information to a surrendering parent; 3) strengthen protection of a surrendering parent's identity; 4) incorporate steps to help ensure the law is only applied when criteria are met.
- Legislation that would add child abuse and neglect reporting requirements to the topic list for required mental health training for school personnel in Session Law 2020-7.
- 3. Administrative support for continued efforts to strengthen education and awareness surrounding child abuse and neglect reporting, including strengthening ongoing training for law enforcement that also supports an understanding of trauma and mental health; and training that is tailored for healthcare providers.

Perinatal Health Committee recommendations to strengthen child and family health, wellbeing, and economic stability

Kin Care/ Safe Days and Paid Family & Medical Leave Insurance:

Concrete Supports that Improve Child Health and Decrease Infant Mortality



Presentation to the NC Child Fatality Task Force

by Beth Messersmith, MomsRising, January 11, 2021

Parents & North Carolina's Workforce



- 65% of North Carolina children live in households where all available parents are currently working.
- Two-thirds of mothers with children under age six are in the US labor force, and three-quarters of mothers with children under 18 are in the labor force.
- In North Carolina, about 44% of mothers are the sole or primary breadwinner for their families, earning at least half of their total household income, and an additional 21% of mothers are married mothers whose wages comprise at least 25% of total household earnings.
- Each year about 1.6% of North Carolina's labor force gives birth.

Birth outcomes & preventative care

North Carolina continues to rank among the worst states in the nation for infant mortality, premature birth, and low-birth weight.

In addition, according to the 2019 NC Child Health Report Card, only:

- 57.7% of NC children with Medicaid received a well-child checkup in the past year
- 73.6% of Children ages 19-35 months had received appropriate immunizations
- 27.0% of newborns who were breastfed exclusively for at least 6 months
- 5.6% of NC children who are investigated for child abuse or neglect



Research indicates that all of these outcomes have the potential to be improved if all NC workers had access to paid sick days, of which kin care and safe days can be one piece, and paid family and medical leave.

Paid Sick Days and Paid Family and Medical Leave: How They are Different and Why We Need Both

Paid Sick Days

- To stay home and recover from a short-term illness, like the common cold
- Access preventative care
- Care for a sick child or family member
- Attend school meetings related to a child's health condition or disability
- Allow survivors of domestic violence, stalking, or sexual assault (or their close family member) to use paid sick time to recover or seek assistance related to an incident

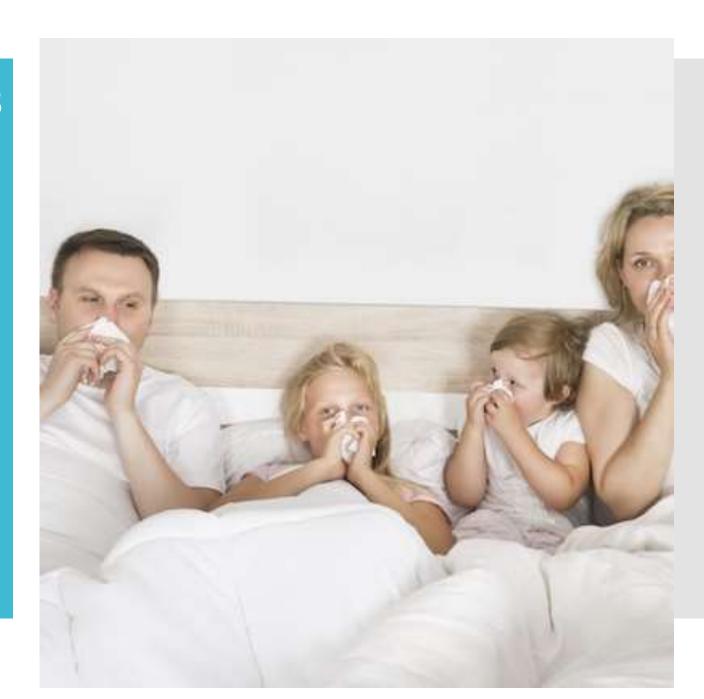
*Note-Kin Care/ Safe Days as described in proposal before CFTF expands who paid or unpaid, job-protected sick days can be used to care for and the purposes for which they can be used

Paid Family & Medical Leave

- To address a serious personal health condition, like cancer, that requires longer-term care or treatment
- Care for a family member with a serious health condition
- Care for a newborn, newly adopted child, or newlyplaced foster child
- Care for a family member injured in military service or to deal with exigencies of military deployment
- The length is adequate to cover the full range of personal medical and family caregiving needs established in the Family and Medical Leave Act (FMLA)

Sick days, Kin Care, & Safe Days

- Sick Days-Time earned off from work, whether paid or job-protected unpaid, for an employee to use to recover from a short-term illness or injury.
 Sometimes can be expanded to include sickness / well-being needs of employees' family, to access preventative care, or for other well-being related needs
- Kin Care-Explicitly says that whatever kind of sick leave an employee earns it can be used to care for a family member. May also expand to include accessing preventative care or other needs
- Safe Days-Explicitly says that whatever kind of sick leave an employee earns it can be used to deal with the physical, emotional, or legal impacts of domestic violence, sexual assault, or stalking or to seek safety.



Sick Days, Kin Care, & Safe Days

In NC, 1.6 million workers—38 percent of our state's workforce have 0 paid sick days.



For a typical family without paid sick days, on average, 3.3 days of pay lost due to illness are equivalent to the family's entire monthly health care budget, and 2.7 days are equivalent to its entire monthly grocery budget.



Source: Institute for Women's Policy Research & National Partnership for Women & Families. (2015, May). Workers' Access to Paid Sick Days in the States. Table 2. Retrieved 8 July 2015, from https://www.nationalpartnership.org/research-library/work-family/psd/workers-access-to-paid-sick-days-in-the-states.pdf; Green, Andrew, Filion, Kai, and Gould, Elise. (2011) "The Need for Paid Sick Days: The Lack of a Federal Policy Further Erodes Family Economic Security." Economic Policy Institute. https://www.epi.org/publication/the-need-for-paid-sick-days/

Who has access to paid sick days?



- Nationwide, more than 34 million workers can't earn paid sick days.
- In NC, 68 percent of those in the lowest earnings bracket did not have access to any paid sick days.
- Nearly half (48 percent) of Latinx workers and more than one-third (36 percent) of Black workers report having no paid time away from work.
- Disparities in access to paid sick days disproportionately expose Black and Latinx workers to increased risk of illness and increase racial health disparities.
- Millions more can't earn paid sick time they can use to care for a sick child or family member or take them to access preventative care. Nearly ¼ of US adults (23 percent) have lost a job or been threatened with job loss for taking time off due to illness or to care for a sick child or relative.
- One-quarter to one-half of **domestic violence survivors report losing a job** in part due to the violence.

Source: U.S. Bureau of Labor Statistics. (2018, July 20). National Compensation Survey: Employee Benefits in the United States, March 2018. (Table 5). Retrieved 4 October 2018, from https://www.bls.gov/news.release/pdf/ebs2.pdf; Smith, T. W., & Kim, J. (2010, June). Paid Sick Days: Attitudes and Experiences. National Opinion Research Center at the University of Chicago for the Public Welfare Foundation Publication. Retrieved 4 October 2018, from https://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-attitudes-and-experiences.pdf; U.S. General Accounting Office, Health, Education, and Human Services Division. (1998, November). Domestic Violence Prevalence and Implications for Employment among Welfare Recipients (GAO/HEHS-99-12). Retrieved 4 October 2018, from https://www.gao.gov/archive/1999/he99012.pdf; Institute for Women's Policy Research & National Partnership for Women & Families. (2019, February). Access to Paid Sick Time in NC.; Xia, J., Hayes, J., Gault, B., & Nguyen, H. (2016, February 17). Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation, and Earnings. Institute for Women's Policy Research Publication. Retrieved 4 October 2018, from https://www.bls.gov/news.release/hnicity-occupation-and-earnings/; Kumar, S., Crouse Quinn, S., Kim, K. H., Daniel, L. H., & Freimuth, V. S. (2012, January). The Impact of Workplace Policies and Other Social Factors on Self-Reported Influenza-Like Illness Incidence During the 2009 H1N1 Pandemic. American Journal of Public Health, 102(1), 134-140. doi: 10.2105/AJPH.2011.300482; U.S. Bureau of Labor Statistics. (2019, August 29). Access to and Use of Leave Summary (Table 1). Retrieved 7 October 2020, fr

Health and Safety Benefits to Children

- Paid sick leave is a primary factor in a parent's decision to **stay home** when their child is sick.
- Lack of access to affordable childcare for sick children means without access to paid sick days or sick days that can be used for family members, sick children are often left home alone sick or sent to school or childcare sick.
- Allowing parents to stay home prevents spread of illness.
- Allows parents to address children's health needs such as managing health complications or disabilities, well-child visits, vaccinations.
- 9,490 NC children affected by domestic violence and 3,040 by sexual
 assault each year. Parents need time off to address the physical,
 mental, and legal impacts of these incidents.



Source: S. Jody Heymann, Alison Earle, and Brian Egleston, "Parental Availability for the Care of Sick Children," Pediatrics vol. 98 no. 2 (August 1996): 226-230.; S. Jody Heymann, Forgotten Families: Ending the Growing Crisis Confronting Children and Working Parents in the Global Economy (Oxford University Press, 2006).; Isabelle Diehl, "The prevalence of colds in nursery school children and non-nursery school children and non-nursery school children and non-nursery school children and non-nursery school children and pediatrics vol. 34 no. 1 (January 1949): 52-61.; Lennart Hesselvik, "Respiratory infections among children in day nurseries," Acta Paediatricia Scandinavica no. 37 sup. S74 (May 1949): 1-103.; Hamman, Mary Kathryn. 2011. "Making Time for Well-Baby Care: The Role of Maternal Employment." Maternal and Child Health Journal 15 (7): 1029–36.; DeRigne, LeaAnne, Patricia Stoddard-Dare, and Linda Quinn. 2016. "Workers without paid sick leave." Health Affairs 35(3): 520-527; 2018 Data from NC Coalition Against Domestic Violence.

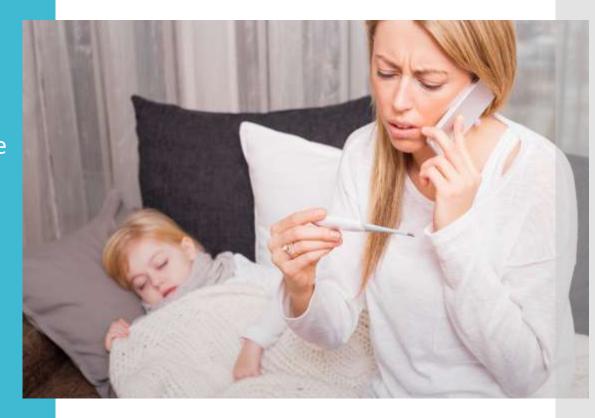
Role of paid sick days in slowing COVID-19 spread



- Recent study shows states with new access to emergency paid leave during the pandemic have seen 400 fewer cases per day, further underscoring that paid leave is one of the best tools for slowing the spread of the virus and combating the pandemic.
- Unsurprising given that previous research had already shown that increasing sick leave coverage causally reduces the spread of the flu.
- Focusing on "normal" times and economic conditions, research
 has shown that employees who lack paid sick leave are more
 likely to go to work sick, have financial hardships, skip
 preventive health care, and spread contagious diseases.
- Economic models suggest that "contagious presenteeism" behavior—working sick with a contagious disease—decreases when employees gain access to paid sick leave, as they are more likely to stay home.
- 12 states and the District of Columbia had implemented statelevel paid sick day laws.

Request to the Child Fatality Task Force

- Proposing the Task Force endorse passage of a kin care and safe days bill that would guarantee all NC workers the right to use their sick days (whether paid or job-protected unpaid) to care for a sick loved one, seek preventative care, or deal with the physical, mental, or legal impacts of domestic violence, sexual assault, or stalking.
- Other states, including **Georgia**, have passed some variation of these.
- On October 23, 2019, Gov. Cooper signed an Executive Directive allowing sick leave to be used as safe days for state employees under his purview





Paid Family and Medical Leave Insurance

Improved outcomes for children

- Provides critical time for bonding; building nurturing, responsive relationships; and learning how to parent
- Increases accessing of adequate prenatal care
- Decreases infant mortality and premature birth
- Decreases child abuse
- Decreases maternal postpartum depression
- Increases the ability to secure safe, high-quality childcare
- Increases the likelihood of well-child checks and vaccinations
- Increases breastfeeding initiation and duration.
- Allows for early detection of developmental delays.
- Increases positive father involvement
- Decreases intimate partner violence
- Decreases re-hospitalization for both mothers and infants,
- Good for businesses and the overall economy [47]



Federal Movement on Paid Leave



Family Medical Leave Act (FMLA) passed in 1993 providing unpaid, job-protected leave to workers meeting certain conditions. Available to fewer than 60 percent of workers—and many who have it can't afford to take it.

Federal Employee Paid Leave Act (FEPLA) passed in 2019 and went into effect October 1,2020, provides 12 weeks of paid parental leave for federal employees who would be eligible for the same amount of unpaid leave under the Family and Medical Leave (FMLA) Act.

Families First Coronavirus Response Act (FFCRA) passed April 1, 2020 provided emergency paid sick leave and emergency paid family leave.

The Paid Family Medical Leave Insurance programs exist in 9 states and Washington, DC. Five states have implemented paid FMLI programs (California, New Jersey, New York, Rhode Island, and Washington State) with new programs coming online in Massachusetts, Connecticut, DC, Oregon, and Colorado.

Growing North Carolina Support

20 local governments have approved paid parental or family leave policies for local government employees ranging from Charlotte and New Hanover County to Rolesville and Person County

Executive Order 95 provided paid parental leave to state employees under Gov. Cooper's purview, now also voluntarily covering Office of Administrative Hearings, Department of Agriculture and Consumer Services, Office of the Commissioner of Banks, Office of the Secretary of State, Office of the State Auditor, Office of the State Controller, Department of Public Instruction, Department of Justice and The Administrative Office of the Courts for a total of 59,000 employees

UNC Board of Governors extended paid parental leave to 33,000 employees

Paid leave is included in the NC Perinatal Health Strategic Plan, NC Perinatal System of Care Task Force recommendations, the Early Childhood Action Plan, the Pathways to Grade-Level Reading, the Essentials for Childhood Initiative, and the NC Council for Women recommendations as well as the agendas of the NC Families Care coalition and the Think Babies Alliance.



What is paid family and medical leave insurance?

- Paid family medical insurance (FMLI) allows workers to take paid time off from work when they experience a qualifying event such as welcoming a new child, recovering from a serious injury or illness, caring for a loved one with a serious health condition, or dealing with issues related to military service injury or deployment.
- How this looks varies by state in terms of who is covered, length of time, level of wage replacement, and how it is funded.
- Funding is typically through some mix of employees and employers contributing a small amount from each paycheck to an insurance fund.
- Some states provide assistance grants to employers to help cover leave-related costs, such as hiring a temporary employee.

Research on existing paid family and medical leave insurance programs

- Paid leave programs have wide-ranging benefits for public health including time to establish a strong bond with parents, increased rates and duration of breastfeeding, supports fathers' involvement in care, improves on-time vaccination rates, reduces infant hospital admissions, reduces probabilities of ADHD, hearing problems, recurrent ear infections, reduces risk factors for child maltreatment and odds of postpartum depression, improved maternal mental health, and decline in elderly nursing home usage.
- Working families are more economically secure and less likely to need assistance, including improved ability to arrange childcare, increased labor force participation, decreased likelihood of falling into poverty and increased household incomes, less likely to use SNAP or other public assistance in the year after a child's birth.
- Employers have adapted well to state paid leave programs. The vast majority of California employers reported a positive effect on employee productivity, profitability, and performance, or no effect. In New Jersey, the majority of both small and large businesses say they have adjusted easily. Just one year after implementation of New York's paid family leave program, 97 percent of employers were in compliance with the new law. Studies have found improved employee morale, little impact on employer costs, decreased turnover rates, and increased women's workforce participation.
- State paid leave programs are a model that works for small businesses. These programs make the benefit affordable, reduce business costs, increase their competitiveness and can allow small business owners themselves to take paid leave when the need arises. Research in existing states shows small business owners reporting even more positive or neutral outcomes than larger businesses who also report positive or neutral outcomes.

Duke Center for Child & Family Policy Study

Projected that a program offering twelve weeks leave with 80% wage replacement would:

- save 26 infant lives in North Carolina each year a 3 percent drop in our state's currently abysmal infant mortality rate!
- keep 205 individuals out of nursing home care each year, cutting costs by between \$16.7 million and \$18.6 million
- reduce the number of individuals needing public assistance through the Temporary Assistance for Needy Families (TANF) program by 956, saving \$451,232 to \$780,096 in North Carolina's TANF costs annually;
- provide meaningful support for families addressing a loved one's opioid or other substance abuse addiction.

12 Weeks at 80% Wage Replacement



Request to the Child Fatality Task Force

Again endorse passage of a bill creating a paid family and medical leave insurance program



Thank You! Questions?

Contact:

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Adrift Hospitality is a collection of hotels, inns, restaurants and a distillery located across coastal Washington and Oregon. We create unique, creative hospitality businesses with a sense of place and purpose for the modern Pacific Northwest traveler.



Tiffany Turner,
CEO
Adrift
Hospitality

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Brooke, Human Resources



Alejandra, Baker



Matt, Head Distiller



Beck, COO



Armando, Chef de Cuisine



Angela, Housekeeping Shift
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Paid Family & Medical Leave (PFML)

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• I have no financial disclosures relevant to this topic.

Definitions and Background



What is family and medical leave?

- Temporary time away from jobs for serious medical conditions
 - Different from sick leave
- Medical leave
 - Care for personal health or family member's health

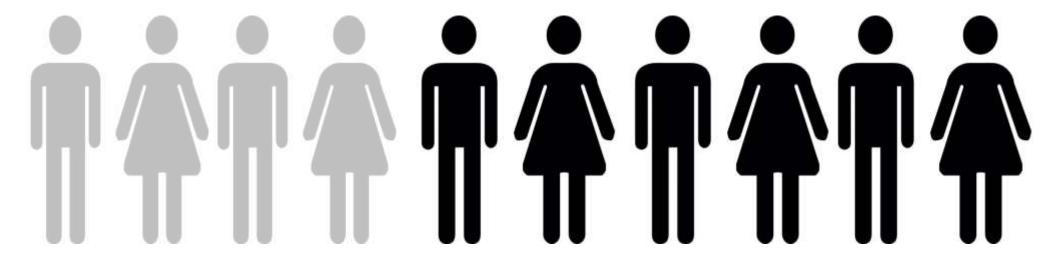


- Family (or parental) leave
 - Bond with new child (birth, adoption or foster care)
 - Includes all caregivers (mothers, fathers, kinship foster care grandparents, etc)

Brenner Children's

Current status of PFML

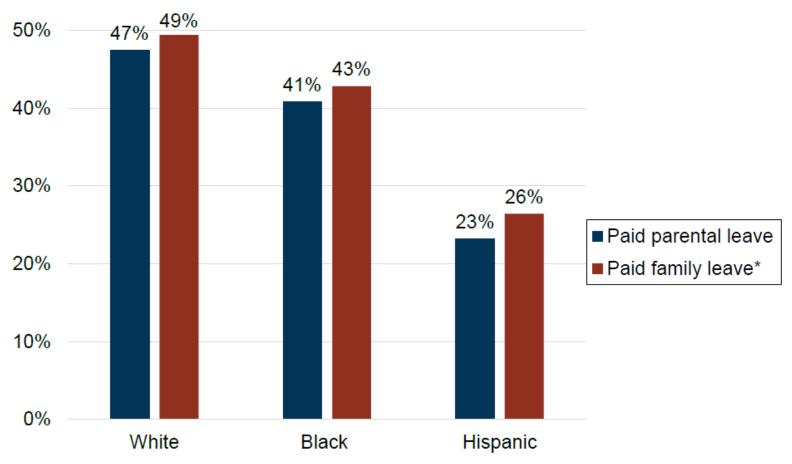
- Only 17% of American workers and 5% of low wage workers have access to paid leave.
- Fewer than **40%** of employees have access to personal medical leave through their employer.
- In NC, only 12% have access to paid leave.



Source: National Partnership for Women & Families. (2018). Paid Leave. Retrieved from: http://www.nationalpartnership.org/our-work/workplace/paid-leave.html; Gassman-Pines, Anna and Elizabeth Ananat, 2019. "Paid Family Leave in North Carolina: An Analyis of Costs and Benefits." Duke Center for Child and Family Policy. Retrieved 6 August 2019 from: https://duke.app.box.com/s/9wti16byhdyyz6k99ri2yib3ttlprgl8



Inequitable access to PFML by race



*Paid family leave is paid leave to care for a sick family member

Source: Bartel, Kim, Nam, Rossin-Slater, Ruhm & Waldofogel, 2019

Inequitable access to PFML by gender



Note: Based on those who have ever worked and have children of any age, including adult children. Source: Survey of US adults conducted October 2013



Maternal and child health disparities



Mothers

- 1 in 5 women are at risk for developing postpartum depression
- Maternal suicide post-delivery encompasses 20% of mortalities
- Lifetime prevalence of physical and/or sexual intimate partner violence is approximately 30%

Children

- Increased risk of impaired cognitive, behavioral, anatomical and emotional development
- Black infants have lower rates of breastfeeding at 3 and 6 months
- Black infant mortality 2x the rate of white infants

Medical evidence for improved maternal health

- Higher likelihood of success in managing stress and to engage in regular exercise
- Lower rates of postpartum depression and of depression later in life
- Lower likelihood of reporting intimate partner violence
- Higher rates of breastfeeding that continue for twice as long
- Improved bonding
- Lower likelihood of the mother or returning to the hospital
- Higher likelihood of returning to workforce



Medical evidence for improved child health

- Increased well-child visits and timely recommended vaccinations
- Lower likelihood of returning to the hospital
- Decreased infant mortality rate, post-neonatal mortality rate and child mortality rate of 2.6-10%
- Higher likelihood being cared for safely
- Improved performance on cognitive testing
- Improved parental attachment and security
- Reduction of child abuse, including abusive head trauma (shaken baby)

COVID-19 and paid leave

- Families First Coronavirus Response Act (FFCRA) passed April 1, 2020 provided emergency paid sick leave and emergency paid family leave:
 - 10 weeks of emergency, expanded paid family leave care for a child whose school or place of care was closed, quarantine/self-isolation or personal/family ailment
 - Provisions excluded more than 106 million workers nationally and more than 3.1 million NC workers, well more than half of our state's workforce
 - Expired December 31, 2020
- Limited but historic legislation that could be expanded



American Academy of Pediatrics

 Supported p surance Leave (FAMILY) Ac PEDIATRICS PERSPECTIVES AMERICAN Fernando St atrics said, "Scientific re paid leave to care An Opportunity to Promote Health Equity: for them in t from serious National Paid Family and Medical Leave illness. The d family and Kimberly Montez, MD, MPH, AD Sharon Thomson, HBSc, Vicki Shabo, JD, MA medical 1 ren and ents during families TITLE: Paid Parental Leave and Mother/Baby-Friendly Workplaces this imp SPONSORED BY: Section on Neonatal-Perinatal Medicine, Council on Community • Publishe Pediatrics DATE: November 1, 2019

Request to the Child Fatality Task Force

Endorse passage of a bill creating a paid family and medical leave insurance program



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Discussion and determinations addressing kin care & safe days leave recommendation and paid family leave insurance recommendation

- 1. Endorse passage of a kin care and safe days bill that would guarantee all North Carolina workers the right to use their sick days (whether paid or job-protected unpaid) to care for a sick loved one, seek preventative care, or deal with the physical, mental, or legal impacts of domestic violence, sexual assault, or stalking.
- 2. Endorse legislation creating a paid family leave insurance program in North Carolina.

Unintentional Death
Prevention Committee
ADMINISTRATIVE
recommendations to prevent
motor vehicle deaths and
injuries to children

WHY this is important

- Motor vehicle injuries are the top cause of injury deaths to children in North Carolina
- In 2019, North Carolina lost 88 children to motor vehicle crashes

UD Committee Work on MV Issues fall 2020 included:

- Data presentation from NCDOT explaining safety trends
- Ignition interlocks for all alcohol-impaired offenders (already approved by CFTF)
- Presentation from UNC HSRC on MV fatalities among teens in NC and update on teen driving issues
- Report back and discussion on child passenger safety study by NC Child and follow up presentation by Occupant Protection Task Force
- Presentation and discussion of the (familiar) issue of primary enforcement of rear seat restraints for all passengers

UD Committee Administrative Motor Vehicle Recommendations

- Administrative support to continue efforts to gather information on the potential for future legislation that allows for primary enforcement of all unrestrained back seat passengers with the intent to bring this item back for consideration by the Unintentional Death Prevention Committee prior to the 2022 legislative session, and Governor's Highway Safety Program to work with the Driver Education Advisory Committee to educate about the importance of back seat restraints.
- 2. Administrative support for continuation of a child passenger safety study by the Occupant Protection Task Force to bring information back to the Unintentional Death Prevention Committee for consideration prior to the 2022 legislative session.